Homicide & Assault

Summary

Homicide[1] is the fourth leading cause of injury death for Washington children 0-17 years old. Homicide rates are highest in two sub-groups of children younger than 18: infants, and adolescents 15-17 years old. Firearms are the leading cause of homicide, while being struck by a blunt object is the leading cause of assault hospitalizations among Washington children. Most of the children were killed by an adult they knew. About half of the children who died had a referral to Child Protective Services.

About one out of four students had been in a physical fight in the past year, one out of 12 had carried a weapon in the past 30 days, and about 50 percent of students resolved their conflicts by talking them out, according to data from the Washington State's Healthy Youth Survey in 2002.

Strategies that may prevent violence include:

- Teaching adults and children how to manage anger, resolve conflicts in a peaceful manner, and about the consequences of violence.
- Having caregivers develop open communication with children.
- Increasing the availability and accessibility of youth programs for after-school and summer.
- Promoting prenatal and early infancy home visitation by trained nurses to at-risk families.
- Decreasing access to firearms.
- Improving the identification and treatment of abused children, victims of violence, and children at high risk of violent behavior.

Real Stories of About Homicide Among Washington Children

May, age 15, was shot by her boyfriend after she broke off her relationship with him. He then shot himself.

Devin, age 7, was shot twice and killed by a parent who then committed suicide.

Joseph, 1 year old, died after being shaken and thrown against the wall by his parent. The baby was reportedly "fussy" before the incident. The parent pled guilty to murder.

Louis, age 15, was stabbed in a fight with a rival gang member by another teenager.

Mary, age 3, died after being beaten by her mother's boyfriend. The family had multiple referrals and investigations by Child Protective Services.

[1] Includes injuries inflicted by another person with intent to injure or kill, by any means.

- **See Firearms chapter for prevention strategies related to preventing firearm-related injuries.**
- Parents and caregivers should seek help if they need to address their own anger management or violent behaviors.
- Parents and caregivers should give children consistent, appropriate attention.
- Develop good communication with children. Talk with them about school, social activities, their interests, and concerns.
- Set clear standards for children's behavior, and be consistent about rules and discipline.
- Make sure children are supervised at all times. Children should participate in age-appropriate after-school activities. Quality after-school activities should:
  - Model positive and healthy relationships.
  - Be held in a spacious and appropriate environment.
  - Have engaging and diverse activities.
  - Have an emphasis on safety and health.
  - Be organized and have capable supervision.
- Teach children how to manage anger, and promote peaceful resolutions to conflict. Role model this behavior.
- Talk to children about the consequences of alcohol and drug use, weapon use, gang participation, and violence.
- Limit and monitor children's exposure to violence in the home, community, and media. Talk with them about their experiences when exposed to violence.
- For caregivers with youth who are already showing aggressive tendencies or other problem behaviors, seek help from a school counselor, mental health professional, or other resources to address this behavior early.

- Encourage and support prenatal and early infancy home visitation programs by trained nurses for at-risk families.
- Increase the availability and accessibility of youth activities and supportive programs for after school and during the summers.
- Expand education curricula from elementary to high school to teach children how to manage conflict, hostility, and aggression with nonviolent means.
- Promote peer counseling and conflict resolution.
- Expand parent education classes to parents with children of all ages and include violence prevention strategies.
- Promote job training and employment opportunities for youth and families.
- Expand programs to identify and treat children who have been abused.
- Expand programs that prevent and treat domestic violence.
- Encourage schools to create a safe learning environment for all students, including interventions targeting bullying and the presence of weapons on campus.
- Improve identification, referral, and treatment of children and families at high-risk of violent behavior because of chronic use of alcohol and/or other drugs.
- Improve the community's social service and healthcare system's ability to identify and treat of victims and perpetrators of violence.

Number of Injuries[2]

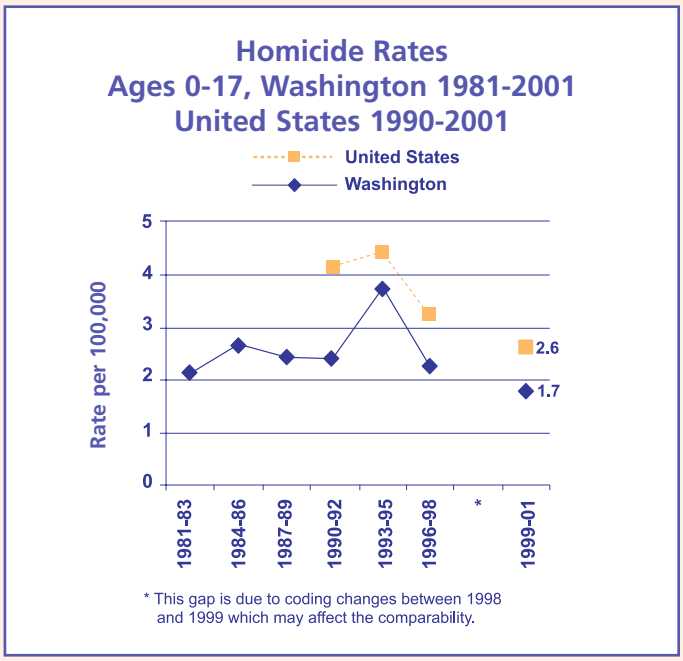
Frightening and disturbing news stories about children being involved in violent acts are fairly common. Fortunately there are prevention strategies that work to prevent violence. Currently in Washington, homicide and assaults account for an annual average of:

- 26 deaths.
- 67 hospitalizations.
- About 9,000 visits to a hospital emergency department.

Time Trends[3]

There was little change in homicide rates for Washington children 0-17 years old, from the three-year time period of 1981-83 to 1999-2001.

Since 1990[4], national homicide rates have been higher than those in Washington. The national and Washington trends are parallel, showing a peak during 1993-1995, and a decline since that time.



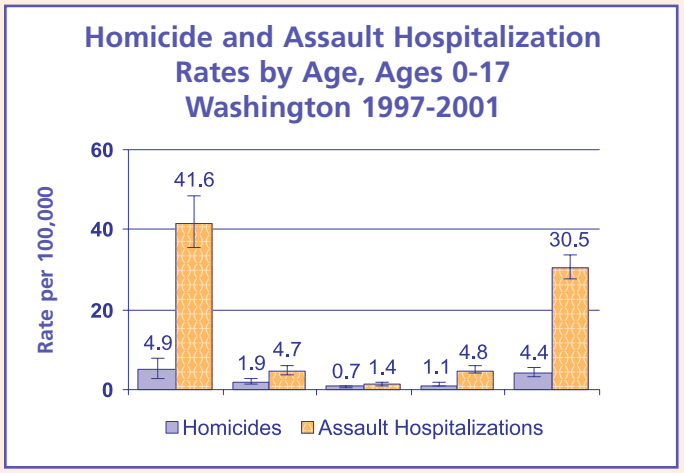
Cause

Firearms (53 percent) and stabbing (20 percent) were the leading cause of homicide among Washington children 0-17 years old.

Being struck by or against an object (50 percent) and being stabbed (29 percent) were the leading cause of assault hospitalizations among Washington children 0-17 years old.

Age and Gender

During 1997-2001, Washington children 0-4 and 15-17 years old had the highest homicide and assault hospitalization rates.



Males had a homicide rate that was 1.5 times higher than females; males 15-17 years old had a homicide rate that was three times higher than females the same age.

Males had an assault hospitalization rate that was 2.5 times higher than females; males 15-17 years old had an assault hospitalization rate that was 5.5 times higher than females the same age.

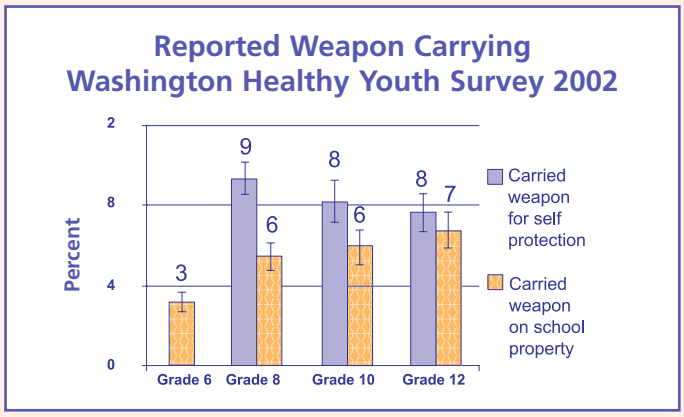
[2] Unless otherwise specified, data are for homicide injuries among Washington children 0-17 years old during 1999-2001, except in the age and gender section, which is for 1997-2001. Rates are per 100,000 children who are Washington residents.

[3] See Comparability Ratio section in Appendix D.

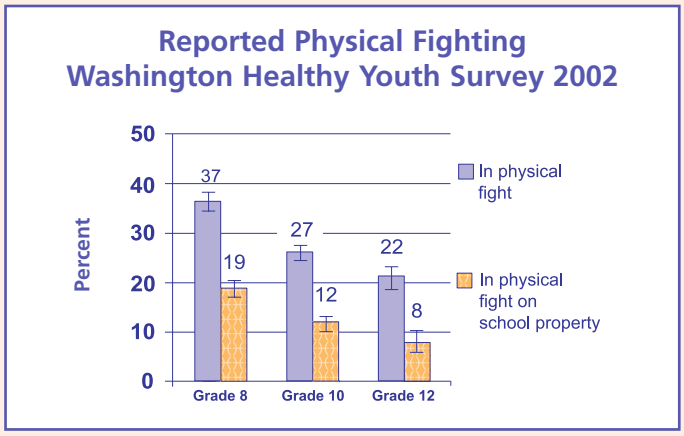
[4] National injury death rates for children 0-17 years old are not available prior to 1990.

Weapon Carrying, Physical Fights, and Conflict Resolution

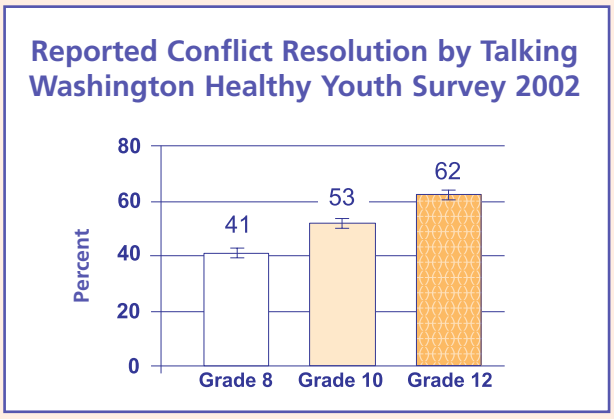
Data from the 2002 Washington Healthy Youth Survey show that about one out of 12 eighth, tenth, and twelfth graders reported carrying a weapon for self-protection (not for hunting, fishing, or camping) in the past 30 days, and slightly fewer reported carrying a weapon on school property in the past 30 days.



Being in a physical fight in the past year was reported by about 28 percent of eighth, tenth, and twelfth graders in Washington, and about 13 percent reported being in a physical fight on school property. Both behaviors were most prevalent among eighth graders, and decreased with grade. Because it is not known whether participation in all reported physical fights was voluntary, these incidents might better be referred to as "acts of violence".



About 40 percent of eighth graders reported often resolving conflicts by talking about them, and by twelfth grade about 60 percent of students were resolving conflicts this way.



Circumstances Surrounding Deaths From Washington Child Death Review Data

Local child death review teams reviewed 67 out of the 79 homicide deaths during 1999-2001. Key findings include:

- Twenty-five of the 67 homicides (37percent) were committed with firearms, 19 (28 percent) by being struck by an object, 12 (18 percent) by stabbing, and the remainder by other means.
- Fifty-one of the 67 children (76 percent) were murdered by an adult they knew. In 43 of the 67 deaths, the perpetrator was a relative, boyfriend, mother's boyfriend, or friend.
- A stranger murdered four (6 percent) of the 67 children.
- About half of the homicides occurred in the child's or a relative's residence.
- Of the 39 homicides of children younger than 15 years old, 29 (74 percent) were perpetrated by a relative, mother's boyfriend, or stepparent.
- Of the 28 homicides in which the victim was 15-17 years old, the perpetrator was a friend or acquaintance in 13 (46 percent) of the cases.
- In 14 of the 67 homicides (21 percent), the perpetrator was under age 20. The age of the perpetrator was unknown in 19 of the reviews.
- Thirty of the 67 of the children (45 percent) had a known history of being abused or neglected, or their family had a known history of domestic violence.
- Almost half of the children's families never had a referral to Child Protective Services.
- Twenty-five (37 percent) were clients of Children's Administration at the Department of Social and Health Services[5] within a year of the child's death.
- Impairment by or use of alcohol and/or other drugs was noted in 21 (33 percent) of the 67 deaths. The youth was impaired in 13 of the deaths, the supervising adult in four, the perpetrator in two, and another individual in two of the deaths.
- Teams concluded that 70 percent of the 67 homicides were preventable, 18 percent were not preventable, and the teams were unable to determine preventability for 12 percent.

[5] Children's Administration provides Child Protective Services (CPS) as well foster care and adoption. For Child Death Review, a child is considered a client of the Children's Administration even if the CPS referral did not pass the initial screening process for an accepted referral.